

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		1		1		
4		3		3		
5		0		1		
6		0		1		
7		0		1		
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38		0		1		
39		0		1		
40		3		3		
41		3		3		
42		3		3		
43		/		/		
44		1		1		
45	/		/			
46		1		1		
47		1		1		
48		0		1		
49	/		/			
50						
TOTAL IND.	3		3			
TOTAL DEP.	53		53			
TOTAL CLAIMS	56		56			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS